

DCJS Office of Campus Police and Security
Campus Information Collection Form
Due to DCJS by February 1, 2007 5:00 PM

Please Print Clearly

Name of Educational Institution: _____

Name of Police/Security Office, Department, etc.: _____

Street Address: _____

Title & Name: *(Person in Charge of Police /Security)* _____

Direct phone number: _____ E-Mail: _____

Number of Security Personnel:

_____	Certified Sworn Officers	# of Full Time	# of Part Time	
_____	Special Conservators of the Peace (Armed)	# of Full Time	# of Part Time	
_____	Special Conservators of the Peace (Un-Armed)	# of Full Time	# of Part Time	
_____	Security Officers (Armed)	# of Full Time	# of Part Time	# Certified by DCJS
_____	Security Officers (Un-Armed)	# of Full Time	# of Part Time	# Certified by DCJS
_____	Security Student Officers			
_____	Contract Security	Armed	Unarmed	

_____ *Company Name* _____ Phone: _____

_____ *Address* _____

Do you operate under a Mutual Aid Agreement or MOU with a local jurisdiction? Yes ☐ No ☐

Is your campus patrolled exclusively by local sheriff or police personnel? Yes ☐ No ☐

Are local Police/Deputies used for special events? Yes ☐ No ☐

Student Population

_____ Number of Residential Students

_____ Number of Commuter Students